



P.O. Box 12847 Austin, Texas 78711 ♦ (877) 542-2474 ♦ (512) 463-7476 ♦
Hearing impaired: (800) 735-2988 voice ♦ www.agr.state.tx.us

Texas Department of Agriculture
Application for Section 18 Emergency Exemption

PR-204

TODD STAPLES, COMMISSIONER

| | | | | |
|-----------|---|------------|---|-------------------------|
| SECTION A | ¹ REQUESTOR INFORMATION | | | |
| | Requestor Name | | | |
| | ² CONTACT PERSON | | | |
| | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> | First Name | M. I. | Last Name |
| | ³ MAILING ADDRESS | | | |
| | Address | | | |
| | City | State | Zip | County |
| SECTION B | ⁴ CONTACT INFORMATION | | | |
| | Primary Phone () - Ext. | | Secondary Phone (optional) () - Ext. | Fax (optional) () - |
| | E-mail (optional) | | Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--|---|--|
| SECTION B | ¹ PRODUCT INFORMATION | |
| | Product Name | EPA Registration Number (if applicable) - - |
| | Active Ingredient | Request Date / / month day year |
| | List the sites to be treated | |
| | What are the target pests? | |
| | ² EXEMPTION TYPE (Check only one) | |
| <input type="checkbox"/> Specific <input type="checkbox"/> Crisis <input type="checkbox"/> Quarantine <input type="checkbox"/> Public Health | | |

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Requestor Name _____

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| SECTION C | ¹ Conditions necessitating need for Section 18 exemption |
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